

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100
TDD (916) 322-1700
Telephone (916) 322-3350
www.rn.ca.gov



Ruth Ann Terry, MPH, RN
Executive Officer

Customer Service Evaluation Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Work: _____ Home: _____

What was the nature of your contact with the board?

Date of Contact/Service: _____ Employee(s) contacted
(if known): _____

How was this contact made? ☐ by phone ☐ by mail ☐ in person

This is a (please check appropriate box): ☐ Complaint *or* ☐ Comment

Description of situation (please use additional pages if needed):

Has the problem been resolved? ☐ Yes ☐ No

If not, what resolution are you requesting?

What suggestions would you provide to the board to avoid such a problem in the future?

Thank you!